

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	X		7/20
FORMALITY REVIEW	T	1127	08/24/01
RESPONSE FORMALITY REVIEW	11110	954	3/13/02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
0	8/9/02
1	4/4/03
2	11/16/03
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ O P
10	✓ O O
11	✓ O
12	✓ ✓ P
13	✓
14	✓ O P
15	✓ ✓ ✓
16	✓ O O
17	✓ O O
18	✓ O O
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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